

Montana Medicaid Claim Jumper

Team Care Program Update

Team Care (TC), Medicaid's new utilization management and education program, will launch August 1. This month, TC clients will receive program materials that explain the basis of the program, and inform them of their requirements to enroll in PASSPORT, select a single primary care provider (PCP), select a single pharmacy, and call the Nurse First Advice Line prior to accessing Medicaid payable health care – except in emergent care situations. As of August 1, Team Care clients will be officially enrolled in the program.

In June, the Department identified 300 clients for program enrollment and sent letters to respective providers asking for their "validation" of inappropriate medical use. Providers completed the validation process by reporting to DPHHS all clients NOT valid for enrollment; all other clients were automatically enrolled. Providers may disenroll clients from Team Care at any time by contacting the Managed Care Bureau at (406) 444-1518.

Beginning August 1, Medicaid eligibility verification systems such as Medifax and FAXBACK will identify all Team Care clients and their assigned provider. Since the TC client has a PASSPORT PCP that manages their care, other Medicaid providers who treat the TC client are asked to follow the same PASSPORT guidelines. If the PCP's approval is not obtained and the service requires PASSPORT approval, the claim will be denied.

Additionally, TC clients are required to obtain all prescription services from an assigned pharmacy. If the pharmacy is unable to meet the specific needs of the client (i.e. pharmacy does not have the prescribed medication), providers should contact the Managed Care Bureau for assistance.

Team Care specific information is posted on the provider website at www.mtmedicaid.org. Please direct all questions/concerns to the Managed Care Bureau c/o Tedd Weldon, (406) 444-1518 or e-mail at teweldon@state.mt.us.



Please Note: TPL's New Fax Number

The ACS TPL Unit now has a new, dedicated fax number. It is **406-442-0357**. The key contacts directory on the back page of the *Claim Jumper* has been updated to include the new number.

New Dental Covered Services And Limitations

In response to provider requests, all the dental code service and limitation requirements have been compiled in one location. All of the CDT code information regarding the fee schedule, Medicaid minimum and maximum ages, and service limitations is now included in the Covered Services and Limitations section of the Dental Manual. The section is available for download at www.mtmedicaid.org or by calling provider relations (see Key Contacts directory on back page).

Inpatient Hospitals: Discharge Status Codes

The following discharge status codes are now available for use:

- 51 discharged/transferred to hospice medical facility**
- 61 discharged to hospital based swing bed**
- 62 discharged to inpatient rehabilitation facility**
- 64 discharged to nursing facility certified under Medicaid, but not Medicare**

When a patient is discharged or transferred from an inpatient facility to another inpatient facility on the same day, discharge status 02 must be used. Without this discharge status, the claim that is processed second will deny as a duplicate.

Electronic Billing And Blanket Denials

The ACS TPL Unit issues blanket denial letters for services that are not covered by other insurers. Providers then submit a copy of the blanket denial letter along with their claim. The blanket denial letter eliminates the need for providers to wait for, then submit individual EOBs with each claim to indicate that the services were not covered. Up to now, this process was accomplished using a paper claim form since the claim required the blanket denial letter as an attachment.

If you have a service for which you have obtained a blanket denial or want to obtain a blanket denial and wish to bill electronically, contact the TPL Unit at 1-800-624-3958 for a tracking number. TPL will send a hard copy of the blanket denial and its corresponding tracking number.

The blanket denial tracking number can be entered into an 837 transaction, thus eliminating the need for a paper attachment. Only procedures that appear on the blanket denial letter can be billed with the TPL tracking number.

As long as the tracking number is entered in the electronic claim, it is not necessary to send the hardcopy blanket denial as an attachment. However, if your claim requires other paper attachments unrelated to the blanket denial, these documents must be submitted either with the paper claim or as paperwork attachments to an electronic claim.

For WINASAP2003 submitters, the blanket denial tracking number is entered in the Supplemental Information window on the Claim Information screen. Under Report Code, select "Explanation of Benefits." Under Transmission Code, select "Electronically Only" Then enter the TPL-assigned tracking number in the Identification Code field.

For X12N 837 submitters (non-WINASAP2003), consult the Companion Guides available at www.acs-gcro.com for information on how to enter the Identification Code in your claims.

Note: If Health-e-Web is your clearinghouse and you are submitting claims in NSF or Print Image format, it is not possible to utilize this process since the Supplemental Information fields are not included in these formats.

Top Five Denial Reasons (And How To Avoid Them)

The following are the top five reasons why Medicaid claims are denied. The next five most common denial reasons will be included in the August *Claim Jumper*.

1. Exact duplicate. An identical claim has already been paid. Be sure to check statements prior to resubmitting a claim. If submitting paper claims, allow 4-5 weeks for processing. Do not submit multiple, identical claims until it is determined that the claim in question has not been previously processed. If you can't locate the paid claim, call ACS provider relations (see Key Contacts directory on back page).

2. Eligibility. Client is not Medicaid-eligible for dates of service billed. To avoid this common denial, providers are strongly encouraged to verify client eligibility prior to providing services. This can be accomplished via MEPS, FAXBACK, AVR, or calling ACS provider relations (see Key Contacts directory on back page).

3 & 4. Suspect duplicate/duplicate conflict. This denial results from billing for the same service or a similar service that has already been paid, or if another provider has already been paid for the same service or similar service. This denial can be caused by overlapping dates of service, billing similar procedure codes, or when a patient is being treated for the same condition by another provider in the same facility. Providers should carefully review their claims and statements to ensure payment has not already been made. If this is not the case, use a modifiers, if appropriate, to clarify the individual services rendered.

5. Third party liability (TPL). This denial occurs when the client has another insurance on file and there is no TPL payment indicated on the claim. If TPL denies payment, the EOB containing an explanation for the denial must be attached to the claim. Also, the information on the EOB must match the information on the claim. Providers should verify TPL coverage with client, verify TPL amount paid, and attach appropriate EOB information along with the claim.

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website at www.mtmedicaid.org. Select "Resources by Provider Type" for a list of resources specific to your provider type. If you cannot access the information, contact provider relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Notices		
<i>Date Posted</i>	<i>Provider Type(s)</i>	<i>Description</i>
06/11/04	Dental, Denturist, Outpatient Hospital	Code Changes and Manual Update (07/01/04)
06/11/04	All Providers	Team Care Program (06/10/04)
06/11/04	Pharmacy	PA Additions (06/10/04)
Manuals/Replacement Pages		
06/04	Dental & Denturist	Updated Covered Services and Limitations (06/04)
Fee Schedules		
05/20/04	Home Infusion Therapy	New Fee Schedule (04/04)
Other Resources/Forms/Newsletters		
05/07/04	All Providers	Spring PASSPORT To Health newsletter
05/20/04	All Providers	June Claim Jumper
05/27/04	All Providers	TPL Carrier ID Codes
06/08/04	Schools	Updated Summer CSCT Q&A Document

Clarification: PASSPORT Numbers to Change Quarterly

As reported in the last issue of the *Claim Jumper*, to assure ongoing security of PASSPORT or "referral" numbers and to ensure the integrity of the PASSPORT program, PASSPORT referral numbers will be issued on a quarterly basis, i.e., change every quarter. However, this change will not be implemented in August 2004 as previously reported. Implementation will likely occur no sooner than late 2004/early 2005.

A letter will be sent to PASSPORT providers 30 days before the new referral number takes effect and will indicate the effective date span of the PASSPORT referral number. More information on this change will appear in future *Claim Jumpers* and the *PASSPORT To Health* newsletter and a Provider Notice will be sent out prior to implementation. For further information or to voice concerns or offer ideas, call Niki Scoffield at 444-4148 or Crystal Nachtsheim at 457-9564.

Montana Neonate Units

Montana Neonatal Units may split bill when charges reach \$100,000. At this time you will need to use a discharge status of 01 because discharge status 30 is not currently available. Providers will be notified as soon as discharge status 30 is available for use.

Medicare And TPL

Providers are reminded that Medicare is not TPL. References, procedures, and policies related to TPL do not apply to Medicare and vice versa.

On a related note, claims where there is a question of whether the client may or may not have Medicare coverage should be directed to the Provider Relations Unit, not the TPL Unit.

Provider Satisfaction Survey — PR & TPL

We would appreciate your feedback on the performance and service of the ACS Provider Relations and TPL Units. The information you provide is a valued tool to improve our services in these departments and provide quality customer service. Please complete the survey, fold it in half and return it to ACS. Thank you for helping us to improve our service.

Questionnaire	
Rate ACS Provider Relations & TPL Units	
5—Excellent 4—Good 3—Fair 2—Poor 1—Unacceptable	
1. Were ACS Provider Relations employees professional and courteous during your calls?	5 4 3 2 1
2. How completely were your questions answered by ACS Provider Relations staff?	5 4 3 2 1
3. How would you rate the service of the ACS Provider Relations Unit overall?	5 4 3 2 1
1. Were ACS TPL employees professional and courteous during your calls?	5 4 3 2 1
2. How completely were your questions answered by ACS TPL staff?	5 4 3 2 1
3. How would you rate the service of the ACS TPL Unit overall?	5 4 3 2 1
Would it be beneficial to you if DPHHS and ACS conducted provider-type-specific trainings in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	

Provider identification information is optional. Leave blank if you'd prefer to respond anonymously.

Medicaid Provider Number _____ Provider Name _____

Provider Type _____ Provider Specialty _____

Contact Name _____ Phone Number _____

(Fold here.)

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Helena, MT 59604

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information website <http://www.mtmedicaid.org>

ACS EDI Gateway Website <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 987-6719

Provider Relations (800) 624-3958 (in Montana)
(406) 442-1837 (Helena & out-of-state)
(406) 442-4402 fax

TPL (800) 624-3958 (in Montana)
(406) 443-1365 (Helena & out-of-state)
(406) 442-0357 fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization

DMEOPS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604